

CLAIM OF: MABLE L. JACKSON
366 Amal Drive, SW
Atlanta, Georgia 30315

For damages alleged to have been sustained as a
result of property damage on December 6, 1999
at 366 Amal Drive, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSE REPORT

CONSENT AGENDA

ADVERSED BY JUL 17 2000
CITY COUNCIL

COM: P.S. & L.A.

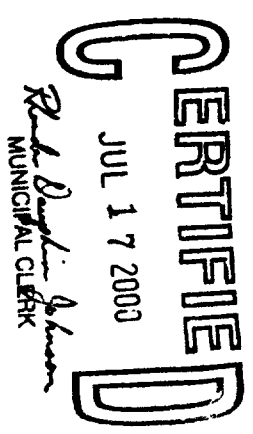
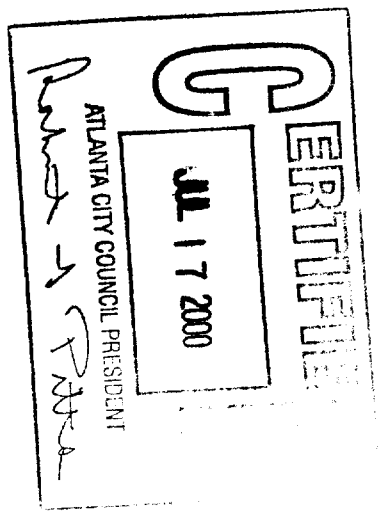
DATE: 7/11/00

C. T. Marks

Chita Jackson

James

Henry Dorsey





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Mable L. Jackson
366 Amal Dr., SW
Atlanta, GA 30315

00-R-1045

Dear Ms. Jackson:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0348

Date: June 26, 2000

Claimant /Victim MABLE L. JACKSON
BY: (Atty)(Ins. Co.) _____
Address: 366 Amal Drive, SW, Atlanta, Georgia 30315
Subrogation: _____ Claim for Property damage \$ 5,000.00 Bodily Injury \$ _____
Date of Notice: 06/05/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/06/99 Place: 366 Amal Drive, SW
Department Police Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her property was damaged when a vehicle fleeing police struck her house. The City is immune from liability for the tort actions of third parties.

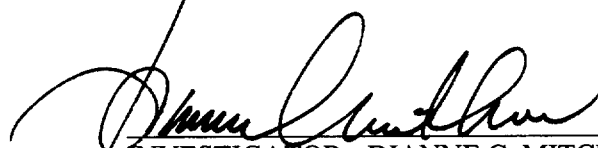
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

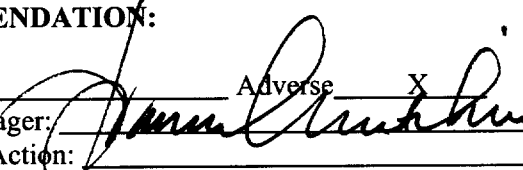
Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-26-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: May 19, 2000

Dear Municipal Clerk:

ENTERED - 05-05-00 - 2:05:49 PM
00L0348 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5,000 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12-6-99 2. Time of Incident: 14:25 3. Police called: ☒ Yes ☐ No
(month/day/year)

4. Location of incident (including street address): 366 Amal Dr. SW

5. Name of your insurance company: My house is not insured Policy No. —

6. State what and how incident occurred: Atlanta police were in pursuit of car that some teenagers had allegedly "car jacked" The teenage driver smashed into the front of my house while being chased by APD officers. * The police took photographs.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: An old vehicle was struck; however, it was not insured
(Make) (Year) (Tag Number) (Driver's Name)
→ 1994 Ford Taurus 199 ←

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: This incident was witnessed by the entire neighborhood including
(Name) (Address) (Telephone Number)
Glen Blassingame 372 Amal Dr. SW

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

* Police report is attached.

Mable L. Jackson
366 Amal Dr. SW
Atlanta, Ga. 30315

00- R-1045